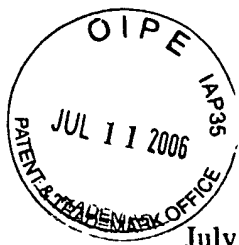


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**Hiroaki Yano**

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July 6, 2006

Commissioner for patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

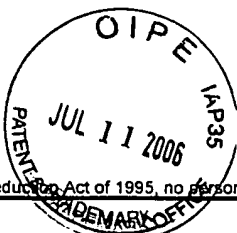
To Whom It May Concern:

Subject: Application No. 10/782,305

I am sending you a form of Revocation of Power of Attorney. I do not assign a new attorney; therefore, I will handle this issue by myself.

Sincerely yours,

  
Hiroaki Yano



PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/782,305
Filing Date	Feb 18, 2004
First Named Inventor	Akechi Yano
Art Unit	3654
Examiner Name	Scott J. Haugland
Attorney Docket Number	M-15322 US

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	HIROAKI YANO				
Address	25422 TRABUCO ROAD, #105-241				
City	LAKE FOREST	State	CA	Zip	92630-2797
Country	USA				
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	HIROAKI YANO		
Date	JULY 4, 2006	Telephone	949-380-7720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Feb-18-04 4:18PM;

Page 4/4

ent By: ;

Attorney Docket No.: M-15322 US

**ASSIGNMENT**

For good and valuable consideration, receipt of which is hereby acknowledged, I, Akechi Yano of 4-2 Kikutsu-dori, Moniguchi-cho, Osaka 570-0032 Japan, hereby sell, assign and transfer to Elronid Yano, an individual, domiciled at 25422 Trabuco Road, #105-241, Lake Forest, California 92630-2797, his successors and assigns, the entire right, title and interest throughout the world in my invention in

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for which I have executed a United States patent application on or about the date of this assignment, and all patent applications and patents of every country for said invention, including divisions, reissues, continuations and extensions thereof, and all rights of priority resulting from the filing of said applications; I authorize the above-named assignee to apply for patents of foreign countries for said invention, and to claim all rights of priority without further authorization from me; I agree to execute all papers useful in connection with said United States and foreign applications, and generally to do everything possible to aid said assignee, its successors, assigns and nominees, at its request and expense, in obtaining and enforcing patents for said invention in all countries; and I request that the United States Patent and Trademark Office issue all patents granted for said invention to the above-named assignee, its successors and assigns.

Executed this 14 day of February, 2004.矢野曉知  
Akechi Yano**WITNESSED:**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Type or print name of witness